

Section III: Post-Professional Education (Copy this form and use a separate form for each course.)

Course applies to: ☐ Hand Therapy ☐ Physical Agent Modalities
☐ Swallowing Assess/Eval/Intervention

Name of Course: _____

Number of Contact Hours: _____

Name of Course Provider: _____

Date Completed: _____

(Course must have been taken within the 5 years immediately preceding your application for approval.
A Copy of Certificate of Completion must be attached.)

STATEMENT OF LEARNING – The statements of learning must cumulatively demonstrate an understanding of all the subject areas listed on page 4 of the *Information and Instruction Sheet*. Please print or type clearly. Attach additional sheets if necessary.

1. Explain what you learned in this course:

2. Explain how you applied that knowledge in your practice:

3. Explain how the course changed or validated your practice:

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4. Describe how you became a more competent occupational therapist as a result of this course:

[illegible]

Section IV: Post-Professional Training (Copy this form and use a separate form for each training site.)

NOTE TO SUPERVISOR: You are being asked to complete this form for an occupational therapist seeking advanced practice approval in: ☐ Hand Therapy; ☐ Physical Agent Modalities; ☐ Swallowing Assess/Evaluation/Intervention. You should have also been provide with a copy of the subject matter requirements for each advanced practice area so that you can properly address how the occupational therapist's training meets the requirements. Please complete this form and return it to the occupational therapist so that it can be included in his/her application packet. **Please only document on the job training that directly relates to the advanced practice area for which the occupational therapist is applying.**

Applicant's Name: _____

Name and Address of Facility where Training Occurred: _____

Please describe the occupational therapist's on-the-job training, clinical internship or affiliation as it relates to the subject matter requirements for the advanced practice area and identify the knowledge, skills and abilities demonstrated by the therapist:

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Section IV: Post-Professional Training (Cont).

This training represents _____ hours of experience in the advanced practice area acquired between _____ (month/day/year) and _____ (month/day/year).

By signing below, I certify that the hours listed here are true and correct to the best of my knowledge and that I have personally verified them for accuracy. I am aware that my inaccurate or false representation of these hours may lead to penalties, including, but not limited to, the Board of Occupational Therapy's refusal to accept further verification from me.

Supervisor's Name and License Type: _____

Supervisor's Work Address: _____

Supervisor's Phone Number: _____

Supervisor's License No.: _____

Supervisor's Signature: _____ Date: _____

Please Note:

- **Applicants should submit only as many forms as needed to verify the requisite hours of experience.**
- **The experience listed on this form must fall within the five years immediately preceding application for advanced practice approval.**
- **This form must be submitted with the application and should not be returned separately.**

**Section V(a): POST PROFESSIONAL EDUCATION AND TRAINING SUMMARY SHEET –
HAND THERAPY:**

HAND THERAPY EDUCATION (Minimum of 45 Contact Hours Required*):

# of Hours	Course Title:
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	Total Contact Hours
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HAND THERAPY TRAINING (Minimum of 480 Supervised Hours Required*):

# of Hours	Name of Facility:
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	Total Supervised Hours
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*Eight (8) hours of education and sixty (60) hours of supervised on the job training in physical agent modalities can be applied towards meeting the education and training requirements for hand therapy. No other courses or hours can count for advanced practice approval in both hand therapy and physical agent modalities.

**Section V(b): POST PROFESSIONAL EDUCATION AND TRAINING SUMMARY SHEET –
PHYSICAL AGENT MODALITIES:**

PHYSICAL AGENT MODALITIES EDUCATION (Minimum of 30 Contact Hours Required*):

of Hours: Course Title:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ Total Contact Hours

PHYSICAL AGENT MODALITIES TRAINING (Minimum of 240 Supervised Hours Required*):

of Hours: Name of Facility:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ Total Supervised Hours

*Eight (8) hours of education and sixty (60) hours of supervised on the job training in physical agent modalities can be applied towards meeting the education and training requirements for hand therapy. No other courses or hours can count for advanced practice approval in both hand therapy and physical agent modalities.

Section V(c): POST PROFESSIONAL EDUCATION AND TRAINING SUMMARY SHEET –
SWALLOWING ASSESSMENT, EVALUATION AND INTERVENTION:

SWALLOWING ASSESSMENT, EVALUATION OR INTERVENTION EDUCATION
(Minimum of 45 Contact Hours Required):

of Hours: Course Title:

[illegible]

SWALLOWING ASSESSMENT, EVALUATION AND INTERVENTION TRAINING
(Minimum of 240 Supervised Hours Required):

of Hours: Name of Facility:

[illegible]

Please Note: If you use electrical stimulation as part of your swallowing assessment, evaluation, or intervention treatment, you must also comply with the requirements for physical agent modalities.